

**AGREEMENT SUMMARY**

STD 215 (Rev 4/2002)

☒ **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED**

AGREEMENT NUMBER

SMM-04XX

AMENDMENT NUMBER

1. CONTRACTOR'S NAME

Mountains Recreation and Conservation Authority (Minor Capital Outlay)

2. FEDERAL I.D. NUMBER

77-0112367

3. AGENCY TRANSMITTING AGREEMENT

Santa Monica Mountains Conservancy

4. DIVISION, BUREAU, OR OTHER UNIT

5. AGENCY BILLING CODE

10507

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT

Rorie A. Skei, Chief Deputy Director

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☒ NO☐ YES (If YES, enter prior contractor

name and Agreement Number)

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES

Miscellaneous Capital Outlay projects for improvement and restoration.

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)


Enhancement and/or restoration of capital assets owned and/or operated by MRCA, specifically the Mentryville water system and Wilacre Park Trailhead, and related equipment purchases.

10. PAYMENT TERMS (More than one may apply.)

☐ MONTHLY FLAT RATE☐ QUARTERLY☐ ONE -TIME PAYMENT☐ PROGRESS PAYMENT☐ ITEMIZED INVOICE☐ WITHHOLD \_\_\_\_\_ %☐ ADVANCED PAYMENT NOT TO EXCEED☒ REIMBURSEMENT/REVENUE

\$ \_\_\_\_\_ or \_\_\_\_\_ %

☐ OTHER (Explain) \_\_\_\_\_

11. PROJECTED EXPENDITURES FUND TITLE	ITEM	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES
Capital Outlay and Grants	3810-301-0005	02-03	379	2002	\$100,000
Capital Outlay and Grants	3810-301-0005	04-05	208	2004	\$91,675
					\$
OBJECT CODE			AGREEMENT TOTAL		\$ 191,675
OPTIONAL USE			AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 191,675		
I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.			PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$		
ACCOUNTING OFFICER'S SIGNATURE 		DATE SIGNED		TOTAL AMOUNT ENCUMBERED TO DATE \$ 191,675	
12. AGREEMENT	From	Through	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT	
Original	9-27-04	9-30-06	\$ 191,675	Exempt	
Amendment No. 1			\$		
Amendment No. 2			\$		
Amendment No. 3			\$		
		TOTAL	\$ 191,675		

(Continue)

**AGREEMENT SUMMARY**

STD. 215 (NEW 02/98)

## 13. BIDDING METHOD USED:

☐ REQUEST FOR PROPOSAL (RFP)*(Attach justification if secondary method is used)*☐ INVITATION FOR BID (IFB)☐ USE OF MASTER SERVICE AGREEMENT☐ SOLE SOURCE CONTRACT*(Attach STD. 821)*☐ EXEMPT FROM BIDDING*(Give authority for exempt status)*☒ OTHER *(Explain)* **N/A-Local Assistance Grant**NOTE: *Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached*14. SUMMARY OF BIDS *(List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)***N/A – Local Assistance Grant**15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S) *(If an amendment, sole source, or exempt, leave blank)***N/A – Local Assistance Grant**

## 16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

**N/A – Local Assistance Grant**17. JUSTIFICATION FOR CONTRACTING OUT *(Check one)*☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.☐ Contracting out is justified based on Government Code 19130(b). Justification for the Agreement is described below.*Justification:***N/A – Local Assistance Grant**

18. FOR AGREEMENTS IN EXCESS OF \$5,000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING?

☐ NO ☐ YES ☒ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

☐ NO ☐ YES ☒ N/A

20. FOR CONSULTING AGREEMENTS, DID YOU REVIEW ANY CONTRACTOR EVALUATIONS ON FILE WITH THE DGS LEGAL OFFICE?

☐ NO ☐ YES ☐ NONE ON FILE ☒ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

A. CONTRACTOR CERTIFICATION CLAUSES

☐ NO ☐ YES ☒ N/A

B. STD. 204, VENDOR DATA RECORD

☐ NO ☐ YES ☒ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ NO ☒ YES ☐ N/A23. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? *(If an amendment, explain changes, if any)*☒ NO *(Explain below)*☐ YES *(If YES complete the following)*

DISABLED VETERAN BUSINESS ENTERPRISES: \_\_\_\_\_ % OF AGREEMENT

☐ Good faith effort documentation attached if 3% goal is not reached.☐ We have determined that the contractor has made a sincere good faith effort to meet the goal.*Explain:***N/A – Local Assistance Grant**

## 24. IS THIS A SMALL BUSINESS CERTIFIED BY OSBCR?

☒ NO ☐ YES *(Indicate Industry Group)*

SMALL BUSINESS REFERENCE NUMBER

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN ONE YEAR? *(If YES, provide justification)*☒ NO ☐ YES***I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.***

SIGNATURE/TITLE



DATE SIGNED